

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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Shag

CV

Write the full name of each plaintiff.

(Include case number if one has been assigned)

Shagville Dinkins

-against-

COMPLAINT

(Prisoner)

C.O. Regalado Shield # 14900 / Warden Walker

C.O. John Doe 1, C.O. John Doe #2

C.O. John Doe #3 The City of NY

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Snagovine

First Name

S

Middle Initial

Dinkins

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

19-A-2359

Current Place of Detention

Wende Correctional Facility

Institutional Address

P.O. Box 1187 Alden

County, City

NY

State

14004

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: W Walker N/A
 First Name Last Name Shield #
Warden
 Current Job Title (or other identifying information)
09-09 Hazen Street
 Current Work Address
East Elmhurst N.Y 11370
 County, City State Zip Code

Defendant 2: Regalado 14900
 First Name Last Name Shield #
Corrections Officer
 Current Job Title (or other identifying information)
09-09 Hazen Street
 Current Work Address
East Elmhurst N.Y 11370
 County, City State Zip Code

Defendant 3: John Doe
 First Name Last Name Shield #
Corrections officer (Security Team)
 Current Job Title (or other identifying information)
09-09 Hazen Street
 Current Work Address
East Elmhurst N.Y 11370
 County, City State Zip Code

Defendant 4: John Doe
 First Name Last Name Shield #
Corrections officer (Security Team)
 Current Job Title (or other identifying information)
09-09 Hazen Street
 Current Work Address
E. Elmhurst N.Y 11370
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: 09-09 Hazen Street G.R.V.C Housing Area 5A

Date(s) of occurrence: March 8, 2019

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I was on the phone when the "Security Team" brought two inmates into the housing area. A riot broke out, and I was stabbed in the back of my neck on the right side by one of the inmates. NYC Docs Staff failed to protect me from bodily harm by another inmate. The "Warden" as well as the "Security Team" had knowledge that there was a "gang-war" going on, and still they put two inmates in a housing area where the opposite gang resided, which led to a riot breaking out and me being stabbed in my neck.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I received a permanent stab wound on the back of my neck.

I received X-rays for the injury.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

\$ 75,500.

Shagville Dinkins
19-A-2359
Wende Correctional Facility
P.O. Box 1187
Alden, NY 14004-1187

WENDE



CORRECTIONAL FACILITY

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United States District Court
Southern District of NY
500 Pearl Street
New York, N.Y. 10007
(Pro se)

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